

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/72759	FILING DATE 12/04/06					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3	1						53					
4		1					54					
5	1						55					
6		1					56					
7			1				57					
8			1				58					
9		1					59					
10		1					60					
11		1					61					
12		1					62					
13		1					63					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	12						TOTAL DEP.					
TOTAL CLAIMS	13						TOTAL CLAIMS					